

Procedure Code	Procedure Code Description	Rate
500	HEPATOTOMY	\$0.00
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	\$433.85
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN	\$336.00
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANIOUS	\$128.79
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	\$420.00
50045	NEPHROTOMY, WITH EXPLORATION	\$420.00
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	\$512.40
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	\$512.40
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	\$512.40
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES (INCLUDING ANATROPHIC PYE	\$504.00
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYEOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTI	\$504.00
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYEOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTI	\$504.00
501	DIAGNOSTIC PROCEDURES ON LIVER	\$0.00
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	\$336.00
5011	CLOSED (PERCUTANEOUS) (NEEDLE) BIOPSY OF LIVER	\$0.00
5012	OPEN BIOPSY OF LIVER	\$0.00
50120	PYELOTOMY; WITH EXPLORATION	\$420.00
50125	PYELOTOMY; WITH DRAINAGE, PYEOSTOMY	\$420.00
5013	TRANSJUGULAR LIVER BIOPSY	\$0.00
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING COAGULUM PYEOLITHOTOMY)	\$504.00
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)	\$504.00
5014	LAPAROSCOPIC LIVER BIOPSY	\$0.00
5019	OTHER DIAGNOSTIC PROCEDURES ON LIVER	\$0.00
502	LOCAL EXCISION OR DESTRUCTION OF LIVER TISSUE OR LESION	\$0.00
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	\$42.00
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	\$336.00
5021	MARSUPIALIZATION OF LESION OF LIVER	\$0.00
5022	PARTIAL HEPATECTOMY	\$0.00
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION;	\$529.20
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; COMPLICATED BECAUSE OF PREV	\$529.20
5023	OPEN ABLATION OF LIVER LESION OR TISSUE	\$0.00

Procedure Code	Procedure Code Description	Rate
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMP	\$529.20
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	\$604.80
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCISION	\$604.80
5024	PERCUTANEOUS ABLATION OF LIVER LESION OR TISSUE	\$0.00
50240	NEPHRECTOMY, PARTIAL	\$529.20
5025	LAPAROSCOPIC ABLATION OF LIVER LESION OR TISSUE	\$0.00
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAOPERATIVE ULTRASOUND, IF PERFORM	\$630.35
5026	OTHER AND UNSPECIFIED ABLATION OF LIVER LESION OR TISSUE	\$0.00
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	\$495.60
5029	OTHER DESTRUCTION OF LESION OF LIVER	\$0.00
50290	EXCISION OF PERINEPHRIC CYST	\$495.60
503	LOBECTOMY OF LIVER	\$0.00
50300	DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF HOMOGRAFT; FROM CADAVER DONOR, UNILATERAL OR BILATERAL	\$488.80
50320	DONOR NEPHRECTOMY, OPEN FROM LIVING DONOR (EXCLUDING PREPARATION AND	\$488.80
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	\$527.15
50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	\$1,312.08
50365	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	\$1,471.01
50370	REMOVAL OF TRANSPLANTED HOMOGRAFT (EG, INFARCTED OR REJECTED KIDNEY)	\$500.73
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	\$529.20
50382	REMOVAL AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGI	\$868.12
50384	REMOVAL OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGICAL SUPERVISION	\$838.60
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH,	\$729.62
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF	\$472.24
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL REQUIRING FLUOROSCOPIC GUIDANCE,	\$420.64
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE	\$287.93
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	\$42.00

Procedure Code	Procedure Code Description	Rate
50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH ESTABLISHED NEPHROSTOMY	\$75.96
50392	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS	\$42.00
50393	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	\$42.00
50394	INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM, PYELOSTOGRAM, ANTEGRADE PYELOURETEROGRAMS) THROUGH NEPH	\$25.20
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEO	\$184.52
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER	\$56.14
50398	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE	\$20.16
504	TOTAL HEPATECTOMY	\$0.00
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URE	\$537.60
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URE	\$537.60
505	LIVER TRANSPLANT	\$0.00
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	\$420.00
5051	AUXILIARY LIVER TRANSPLANT	\$0.00
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	\$720.45
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; ABDOMINAL APPROACH	\$420.00
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; THORACIC APPROACH	\$391.20
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR B	\$420.00
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	\$486.28
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	\$613.01
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	\$770.70
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	\$669.97
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE)	\$726.94
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY	\$621.68
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY FROM LIVING DONOR(EXCLUDING PREP AND MAINTENANCE OF ALLOGRAFT)	\$798.56
50548	LAPAROSCOPICALLY ASSISTED NEPHROURETERECTOMY	\$729.42
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	\$0.00

Procedure Code	Procedure Code Description	Rate
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	\$168.63
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	\$134.74
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	\$241.16
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	\$248.09
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	\$248.11
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH RESECTION OF TUMOR	\$325.70
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	\$236.53
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	\$296.65
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	\$394.43
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, ...; WITH ENDOPYELOTOMY (INCLUDES CYSTOSCOPY, URETEROSCOPY,	\$429.93
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	\$429.93
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	\$333.96
5059	OTHER TRANSPLANT OF LIVER	\$0.00
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$126.00
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	\$1,168.84
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	\$2,565.14
506	REPAIR OF LIVER	\$0.00
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	\$411.60
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	\$411.60
5061	CLOSURE OF LACERATION OF LIVER	\$0.00
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	\$453.60
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	\$453.60
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	\$453.60

Procedure Code	Procedure Code Description	Rate
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	\$453.60
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR PERINEAL APPROACH	\$453.60
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHET	\$25.20
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	\$25.20
50688	CHANGE OF URETEROSTOMY TUBE	\$25.20
5069	OTHER REPAIR OF LIVER	\$0.00
50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/ OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SER	\$25.20
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	\$512.40
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS	\$512.40
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	\$512.40
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRACT OR VENA CAVA	\$512.40
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	\$256.80
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR OF FASCIAL DEFECT AND HERNIA	\$256.80
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	\$504.00
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	\$504.00
50760	URETEROURETEROSTOMY	\$504.00
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	\$504.00
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	\$504.00
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	\$276.00
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	\$722.40
50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	\$504.00
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	\$504.00
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF ABDOMINAL OR PERINEAL COLOSTOMY, I	\$504.00
50815	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	\$600.00
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL ANASTOMOSIS (BRICKER OPERATION)	\$620.00
50825	CONTINENT DIVERSION, INCLUDING BOWEL ANASTOMOSIS USING ANY SEGMENT OF SMALL AND/OR LARGE BOWEL (KOCK POUCH OR	\$756.00

Procedure Code	Procedure Code Description	Rate
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOIDOSTOMY OR URETEROENTEROSTOMY WITH	\$756.00
50840	REPLACEMENT OF ALL OR PART OF URETER BY BOWEL SEGMENT, INCLUDING BOWEL ANASTOMOSIS	\$504.00
50845	CUTANEOUS APPENDICO-VESICOSTOMY	\$504.00
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	\$453.60
509	OTHER OPERATIONS ON LIVER	\$0.00
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	\$378.00
5091	PERCUTANEOUS ASPIRATION OF LIVER	\$0.00
5092	EXTRACORPOREAL HEPATIC ASSISTANCE	\$0.00
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	\$378.00
5093	LOCALIZED PERFUSION OF LIVER	\$0.00
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	\$378.00
5094	OTHER INJECTION OF THERAPEUTIC SUBSTANCE INTO LIVER	\$0.00
50940	DELIGATION OF URETER	\$378.00
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	\$514.14
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT PLACEMENT	\$795.26
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STENT PLACEMENT	\$729.21
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	\$0.00
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	\$162.23
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	\$168.00
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	\$168.00
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	\$168.00
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	\$168.00
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	\$168.00
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	\$168.00
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	\$168.00
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	\$168.00

Procedure Code	Procedure Code Description	Rate
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	\$168.00
5099	OTHER	\$0.00
510	CHOLECYSTOTOMY AND CHOLECYSTOSTOMY	\$0.00
5101	PERCUTANEOUS ASPIRATION OF GALLBLADDER	\$0.00
5102	TROCAR CHOLECYSTOSTOMY	\$0.00
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL	\$284.83
5103	OTHER CHOLECYSTOSTOMY	\$0.00
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	\$231.17
5104	OTHER CHOLECYSTOTOMY	\$0.00
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	\$253.46
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	\$241.69
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION	\$290.20
51060	TRANSVESICAL URETEROLITHOTOMY	\$319.20
51065	CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCUL	\$319.20
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	\$168.00
5110	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY [ERCP]	\$0.00
51100	ASPIRATION OF BLADDER; BY NEEDLE	\$36.12
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	\$72.86
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	\$191.95
5111	ENDOSCOPIC RETROGRADE CHOLANGIOGRAPHY [ERC]	\$0.00
5112	(CLOSED) PERCUTANEOUS BIOPSY OF GALLBLADDER OR BILE DUCTS	\$0.00
5113	OPEN BIOPSY OF GALLBLADDER OR BILE DUCTS	\$0.00
5114	OTHER CLOSED (ENDOSCOPIC) BIOPSY OF BILIARY DUCT OR SPHINCTER OF ODDI	\$0.00
5119	OTHER DIAGNOSTIC PROCEDURES ON BILIARY TRACT	\$0.00
512	CHOLECYSTECTOMY	\$0.00
5121	PARTIAL CHOLECYSTECTOMY	\$0.00
5122	CHOLECYSTECTOMY	\$0.00
5123	LAPAROSCOPIC CHOLECYSTECTOMY	\$0.00
513	ANASTOMOSIS OF GALLBLADDER OR BILE DUCT	\$0.00
5131	ANASTOMOSIS OF GALLBLADDER TO HEPATIC DUCTS	\$0.00
5132	ANASTOMOSIS OF GALLBLADDER TO INTESTINE	\$0.00
5133	ANASTOMOSIS OF GALLBLADDER TO PANCREAS	\$0.00
5134	ANASTOMOSIS OF GALLBLADDER TO STOMACH	\$0.00
5135	OTHER GALLBLADDER ANASTOMOSIS	\$0.00
5136	CHOLEDOCHOENTEROSTOMY	\$0.00
5137	ANASTOMOSIS OF HEPATIC DUCT TO GASTROINTESTINAL TRACT	\$0.00
5139	OTHER BILE DUCT ANASTOMOSIS	\$0.00

Procedure Code	Procedure Code Description	Rate
514	INCISION OF BILE DUCT FOR RELIEF OF OBSTRUCTION	\$0.00
5141	COMMON DUCT EXPLORATION FOR REMOVAL OF CALCULUS	\$0.00
5142	COMMON DUCT EXPLORATION FOR RELIEF OF OTHER OBSTRUCTION	\$0.00
5143	INSERTION OF CHOLEDOCHOHEPATIC TUBE FOR DECOMPRESSION	\$0.00
5149	INCISION OF OTHER BILE DUCTS FOR RELIEF OF OBSTRUCTION	\$0.00
515	OTHER INCISION OF BILE DUCT	\$0.00
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	\$210.00
5151	EXPLORATION OF COMMON DUCT	\$0.00
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	\$327.60
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	\$420.00
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	\$420.00
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	\$420.00
51550	CYSTECTOMY, PARTIAL; SIMPLE	\$420.00
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)	\$529.20
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERONEOCYSTOSTOMY)	\$529.20
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	\$714.00
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURAT	\$714.00
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS;	\$714.00
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS; WITH BILATERAL PELVIC LY	\$714.00
5159	INCISION OF OTHER BILE DUCT	\$0.00
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS;	\$714.00
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS; WITH BILATERA	\$714.00
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY TECHNIQUE, USING ANY SEGMENT OF SMALL AND/OR LARGE BOWEL T	\$714.00
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANCY, WITH REMOVAL OF BLADDER AND URET	\$714.00
516	LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF BILIARY DUCTS AND SPHINCTER OF ODDI	\$0.00
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	\$28.00
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/ OR CHAIN URETHROCYSTOGRAPHY	\$30.55
5161	EXCISION OF CYSTIC DUCT REMNANT	\$0.00

Procedure Code	Procedure Code Description	Rate
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	\$39.63
5162	EXCISION OF AMPULLA OF VATER (WITH REIMPLANTATION OF COMMON DUCT)	\$0.00
5163	OTHER EXCISION OF COMMON DUCT	\$0.00
5169	EXCISION OF OTHER BILE DUCT	\$0.00
517	REPAIR OF BILE DUCTS	\$0.00
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	\$28.00
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR RESIDUAL URINE)	\$32.82
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	\$51.60
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANATOMY, FRACTURED CATHETER/BALLO)	\$71.62
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	\$29.52
5171	SIMPLE SUTURE OF COMMON BILE DUCT	\$0.00
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	\$42.00
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	\$75.00
5172	CHOLEDOCHOPLASTY	\$0.00
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TIME)	\$84.00
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	\$42.00
51726	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$42.00
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	\$25.20
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$25.20
51772	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE	\$50.40
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE	\$120.54
51785	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	\$50.40
5179	REPAIR OF OTHER BILE DUCTS	\$0.00
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)	\$50.40
51795	VOIDING PRESSURE STUDIES (VP); BLADDER VOIDING PRESSURE, ANY TECHNIQUE	\$50.40
51797	VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) (RECTAL, GASTRIC, INTRAPERITONEAL)	\$50.40
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND, NON-IMAGING	\$11.35
518	OTHER OPERATIONS ON BILIARY DUCTS AND SPHINCTER OF ODDI	\$0.00
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESICAL NECK (ANTERIOR Y-PLASTY, VESICA	\$420.00

Procedure Code	Procedure Code Description	Rate
5181	DILATION OF SPHINCTER OF ODDI	\$0.00
5182	PANCREATIC SPHINCTEROTOMY	\$0.00
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	\$420.00
5183	PANCREATIC SPHINCTEROPLASTY	\$0.00
5184	ENDOSCOPIC DILATION OF AMPULLA AND BILIARY DUCT	\$0.00
51840	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTE-KRANTZ, BURCH); SIMPLE	\$310.80
51841	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR	\$310.80
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL (EG, STAMEY, RAZ, MODIFIED PEREYR	\$310.80
5185	ENDOSCOPIC SPHINCTEROTOMY AND PAPILLOTOMY	\$0.00
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	\$302.40
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	\$302.40
5187	ENDOSCOPIC INSERTION OF STENT (TUBE) INTO BILE DUCT	\$0.00
5188	ENDOSCOPIC REMOVAL OF STONE(S) FROM BILIARY TRACT	\$0.00
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	\$252.00
5189	OTHER OPERATIONS ON SPHINCTER OF ODDI	\$0.00
519	OTHER OPERATIONS ON BILIARY TRACT	\$0.00
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	\$445.20
5191	REPAIR OF LACERATION OF GALLBLADDER	\$0.00
5192	CLOSURE OF CHOLECYSTOSTOMY	\$0.00
51920	CLOSURE OF VESICOUTERINE FISTULA;	\$395.26
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	\$504.00
5193	CLOSURE OF OTHER BILIARY FISTULA	\$0.00
5194	REVISION OF ANASTOMOSIS OF BILIARY TRACT	\$0.00
51940	CLOSURE OF BLADDER EXSTROPHY	\$588.00
5195	REMOVAL OF PROSTHETIC DEVICE FROM BILE DUCT	\$0.00
5196	PERCUTANEOUS EXTRACTION OF COMMON DUCT STONES	\$0.00
51960	ENTEROCYSTOPLASTY, INCLUDING BOWEL ANASTOMOSIS	\$588.00
5197	THERAPEUTIC ENDOSCOPIC PROCEDURES ON BILIARY TRACTORAL ROUTE-ENDOSCOPIC RETRO.CHOLANGIOPANCREATOGRAP	\$0.00
5198	OTHER PERCUTANEOUS PROCEDURES ON BILIARY TRACT	\$0.00
51980	CUTANEOUS VESICOSTOMY	\$391.75
5199	OTHER	\$0.00
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	\$398.56
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG,FASCIA OR SYNTHETIC)	\$433.85
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	\$0.00
520	PANCREATOTOMY	\$0.00
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	\$50.40
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF CLOTS	\$75.75

Procedure Code	Procedure Code Description	Rate
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRA	\$84.00
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRA	\$84.00
5201	DRAINAGE OF PANCREATIC CYST BY CATHETER	\$0.00
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RA	\$84.00
5209	OTHER PANCREATOTOMY	\$0.00
521	DIAGNOSTIC PROCEDURES ON PANCREAS	\$0.00
5211	CLOSED [ASPIRATION] [NEEDLE] [PERCUTANEOUS] BIOPSY OF PANCREAS	\$0.00
5212	OPEN BIOPSY OF PANCREAS	\$0.00
5213	ENDOSCOPIC RETROGRADE PANCREATOGRAPHY (ERP)	\$0.00
5219	OTHER DIAGNOSTIC PROCEDURES ON PANCREAS	\$0.00
522	LOCAL EXCISION OR DESTRUCTION OF PANCREAS OR PANCREATIC DUCT	\$0.00
52204	CYSTOURETHROSCOPY, WITH BIOPSY	\$75.60
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTAT	\$142.42
5222	OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF PANCREAS OR PANCREATIC DUCT	\$0.00
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN	\$132.30
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDE	\$168.00
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADD	\$168.00
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDE	\$168.00
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION	\$126.00
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHES	\$50.40
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA	\$50.40
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	\$126.00
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	\$126.00
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	\$126.00

Procedure Code	Procedure Code Description	Rate
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	\$126.00
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTO	\$112.28
52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	\$235.92
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	\$113.93
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEA	\$126.00
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	\$84.00
523	MARSUPIALIZATION OF PANCREATIC CYST	\$0.00
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	\$84.00
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	\$192.78
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE	\$84.00
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE	\$75.60
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE	\$75.60
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; S	\$75.60
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; C	\$75.60
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS	\$176.40
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONI	\$75.60
52327	CYSTOURETHROSCOPY; WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL	\$190.71
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULU	\$84.00
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	\$84.00
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY	\$84.00

Procedure Code	Procedure Code Description	Rate
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRUCTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND INC	\$180.39
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAU	\$195.25
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND	\$216.31
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTR	\$231.17
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION	\$246.44
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELE	\$277.20
52351	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	\$184.11
52352	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULATION OF CALCULUS	\$227.87
52353	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)	\$263.99
52354	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGURATION OF LESION	\$230.96
52355	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF TUMOR	\$271.21
524	INTERNAL DRAINAGE OF PANCREATIC CYST	\$0.00
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENT	\$322.60
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	\$7.37
52450	TRANSURETHRAL INCISION OF PROSTATE	\$168.00
525	PARTIAL PANCREATECTOMY	\$0.00
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	\$277.20
5251	PROXIMAL PANCREATECTOMY	\$0.00
5252	DISTAL PANCREATECTOMY	\$0.00
5253	RADICAL SUBTOTAL PANCREATECTOMY	\$0.00
5259	OTHER PARTIAL PANCREATECTOMY	\$0.00
526	TOTAL PANCREATECTOMY	\$0.00
52601	TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTO	\$514.14

Procedure Code	Procedure Code Description	Rate
52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE	\$399.38
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	\$252.00
52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	\$422.09
52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERE	\$447.48
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	\$569.46
527	RADICAL PANCREATICODUODENECTOMY	\$0.00
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	\$168.00
5280	PANCREATIC TRANSPLANT, NOT OTHERWISE SPECIFIED	\$0.00
5281	REIMPLANTATION OF PANCREATIC TISSUE	\$0.00
5282	HOMOTRANSPLANT OF PANCREAS	\$0.00
5283	HETEROTRANSPLANT OF PANCREAS	\$0.00
529	OTHER OPERATIONS ON PANCREAS	\$0.00
5291	ENDOSCOPIC RETROGRADE CANNULATION OF PANCREATIC DUCT (ERCP)	\$0.00
5292	CANNULATION OF PANCREATIC DUCT	\$0.00
5293	ENDOSCOPIC INSERTION OF STENT (TUBE) INTO PANCREATIC DUCT	\$0.00
5294	ENDOSCOPIC REMOVAL OF STONE(S) FROM PANCREATIC DUCT	\$0.00
5295	OTHER REPAIR OF PANCREAS	\$0.00
5296	ANASTOMOSIS OF PANCREAS	\$0.00
5299	OTHER	\$0.00
5300	UNILATERAL REPAIR OF INGUINAL HERNIA, NOT OTHERWISE SPECIFIED	\$0.00
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	\$82.56
5301	REPAIR OF DIRECT INGUINAL HERNIA	\$0.00
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL	\$144.27
5302	REPAIR OF INDIRECT INGUINAL HERNIA	\$0.00
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	\$25.20
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	\$25.20
5303	REPAIR OF DIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS	\$0.00
5304	REPAIR OF INDIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS	\$0.00
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	\$42.00
5305	REPAIR OF INGUINAL HERNIA WITH GRAFT OR PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	\$33.60

Procedure Code	Procedure Code Description	Rate
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	\$33.60
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	\$50.40
5310	BILATERAL REPAIR OF INGUINAL HERNIA, NOT OTHERWISE SPECIFIED	\$0.00
5311	BILATERAL REPAIR OF DIRECT INGUINAL HERNIA	\$0.00
5312	BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA	\$0.00
5313	BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT	\$0.00
5314	BILATERAL REPAIR OF DIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS	\$0.00
5315	BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS	\$0.00
5316	BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT, WITH GRAFT OR PROSTHESIS	\$0.00
5317	BILATERAL INGUINAL HERNIA REPAIR WITH GRAFT OR PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
532	UNILATERAL REPAIR OF FEMORAL HERNIA	\$0.00
53200	BIOPSY OF URETHRA	\$25.20
5321	UNILATERAL REPAIR OF FEMORAL HERNIA WITH GRAFT OR PROSTHESIS	\$0.00
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	\$84.00
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	\$536.85
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	\$248.51
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	\$252.00
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	\$252.00
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	\$227.25
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	\$84.00
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	\$26.48
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	\$58.80
53270	EXCISION OR FULGURATION; SKENE'S GLANDS	\$42.00
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	\$120.00
5329	OTHER UNILATERAL FEMORAL HERNIORRHAPHY	\$0.00
533	BILATERAL REPAIR OF FEMORAL HERNIA	\$0.00
534	REPAIR OF UMBILICAL HERNIA	\$0.00
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)	\$302.40
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	\$302.40
5341	REPAIR OF UMBILICAL HERNIA WITH PROSTHESIS	\$0.00
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	\$302.40
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URET	\$302.40

Procedure Code	Procedure Code Description	Rate
5342	LAPAROSCOPIC REPAIR OF UMBILICAL HERNIA WITH GRAFT OR PROSTHESIS	\$0.00
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE	\$302.40
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE	\$302.40
5343	OTHER LAPAROSCOPIC UMBILICAL HERNIORRHAPHY	\$0.00
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	\$302.40
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE (EG, TENAGO, LEAD	\$600.21
53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS	\$400.00
53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE	\$262.20
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	\$430.34
53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCT	\$707.84
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF	\$398.35
53447	REMOVAL, REPAIR OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF	\$382.31
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPINCTER INCLUDING PUMP, RESERVOIR AND CUFF THROUG	\$717.65
53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE	\$385.35
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	\$183.90
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)	\$198.14
5349	OTHER UMBILICAL HERNIORRHAPHY	\$0.00
535	REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL (WITHOUT GRAFT OR PROSTHESIS)	\$0.00
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY	\$398.35
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	\$252.00
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	\$252.00
5351	INCISIONAL HERNIA REPAIR	\$0.00
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	\$252.00
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	\$252.00
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	\$218.40
5359	REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL	\$0.00

Procedure Code	Procedure Code Description	Rate
536	REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL WITH GRAFT OR PROSTHESIS	\$0.00
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL	\$25.20
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT	\$25.20
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDU	\$25.20
5361	INCISIONAL HERNIA REPAIR WITH PROSTHESIS	\$0.00
5362	LAPAROSCOPIC INCISIONAL HERNIA REPAIR WITH GRAFT OR PROSTHESIS	\$0.00
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL	\$25.20
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT	\$25.20
5363	OTHER LAPAROSCOPIC REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL WITH GRAFT OR PROSTHESIS	\$0.00
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	\$21.47
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	\$21.05
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	\$24.36
5369	REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL WITH PROSTHESIS	\$0.00
537	REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH	\$0.00
5371	LAPAROSCOPIC REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH	\$0.00
5372	OTHER AND OPEN REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH	\$0.00
5375	REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH, NOT OTHERWISE SPECIFIED	\$0.00
5380	REPAIR OF DIAPHRAGMATIC HERNIA WITH THORACIC APPROACH, NOT OTHERWISE SPECIFIED	\$0.00
5381	PLICATION OF THE DIAPHRAGM	\$0.00
5382	REPAIR OF PARASTERNAL HERNIA	\$0.00
5383	LAPAROSCOPIC REPAIR OF DIAPHRAGMATIC HERNIA, WITH THORACIC APPROACH	\$0.00
5384	OTHER AND OPEN REPAIR OF DIAPHRAGMATIC HERNIA, WITH THORACIC APPROACH	\$0.00
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	\$347.16
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	\$362.85
53899	UNLISTED PROCEDURE, URINARY SYSTEM	\$0.00
539	OTHER HERNIA REPAIR	\$0.00
540	INCISION OF ABDOMINAL WALL	\$0.00
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	\$25.20

Procedure Code	Procedure Code Description	Rate
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	\$25.20
54015	INCISION AND DRAINAGE OF PENIS, DEEP	\$42.00
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; C	\$33.60
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; E	\$33.60
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; C	\$30.00
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; L	\$30.00
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; S	\$42.00
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE	\$30.00
541	LAPAROTOMY	\$0.00
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	\$25.20
54105	BIOPSY OF PENIS; DEEP STRUCTURES	\$25.20
5411	EXPLORATORY LAPAROTOMY	\$0.00
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	\$168.00
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	\$168.00
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH	\$168.00
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	\$120.00
5412	REOPENING OF RECENT LAPAROTOMY SITE	\$0.00
54120	AMPUTATION OF PENIS; PARTIAL	\$168.00
54125	AMPUTATION OF PENIS; COMPLETE	\$336.00
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$588.00
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, H	\$588.00
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	\$25.20
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN	\$25.20
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN	\$67.20
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	\$125.70
54163	REPAIR INCOMPLETE CIRCUMCISION	\$118.06
54164	FRENULOTOMY OF PENIS	\$103.61
5419	OTHER LAPAROTOMY	\$0.00
542	DIAGNOSTIC PROCEDURES OF ABDOMINAL REGION	\$0.00

Procedure Code	Procedure Code Description	Rate
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	\$25.20
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	\$50.40
5421	LAPAROSCOPY	\$0.00
5422	BIOPSY OF ABDOMINAL WALL OR UMBILICUS	\$0.00
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	\$87.31
5423	BIOPSY OF PERITONEUM	\$0.00
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	\$58.82
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS (EG, PAPAVERINE, PHENTOLAMINE)	\$87.31
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE, PHENTOLAMINE)	\$35.09
5424	CLOSED [PERCUTANEOUS] [NEEDLE] BIOPSY OF INTRA-ABDOMINAL MASS	\$0.00
54240	PENILE PLETHYSMOGRAPHY	\$44.93
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	\$40.80
5429	OTHER DIAGNOSTIC PROCEDURES ON ABDOMINAL REGION	\$0.00
543	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ABDOMINAL WALL OR UMBILICUS	\$0.00
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URE	\$168.00
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRA	\$201.60
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM	\$336.00
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM	\$336.00
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED	\$336.00
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)	\$336.00
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT	\$435.09
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKI	\$504.00
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKI	\$504.00
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CO	\$504.00
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE	\$504.00

Procedure Code	Procedure Code Description	Rate
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY U	\$504.00
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION,	\$319.92
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAP	\$504.00
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND	\$504.00
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES	\$504.00
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	\$168.00
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	\$479.26
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE	\$504.00
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH EXSTROPHY OF BLADDER	\$504.00
544	EXCISION OR DESTRUCTION OF PERITONEAL TISSUE	\$0.00
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	\$290.82
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	\$347.37
54405	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RE	\$421.68
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WITHOUT REPLACEMENT OF PRO	\$401.45
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFATABLE PENILE PROSTHESIS	\$413.01
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OP	\$478.85
54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS THROUGH AN INFECT	\$532.10
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS, WITHOUT REPLACEMENT F	\$269.56
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE	\$349.23
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS THROUG	\$434.27

Procedure Code	Procedure Code Description	Rate
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	\$405.99
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	\$384.00
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAP	\$384.00
54440	PLASTIC OPERATION OF PENIS FOR INJURY	\$488.80
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	\$25.20
545	LYSIS OF PERITONEAL ADHESIONS	\$0.00
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	\$39.20
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	\$58.80
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	\$287.93
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROA	\$168.00
54522	ORCHIECTOMY, PARTIAL	\$327.35
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	\$252.00
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	\$439.63
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	\$277.40
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	\$388.65
546	SUTURE OF ABDOMINAL WALL AND PERITONEUM	\$0.00
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS	\$210.00
5461	RECLOSURE OF POSTOPERATIVE DISRUPTION OF ABDOMINAL WALL	\$0.00
5462	DELAYED CLOSURE OF GRANULATING ABDOMINAL WOUND	\$0.00
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	\$174.82
5463	OTHER SUTURE OF ABDOMINAL WALL	\$0.00
5464	SUTURE OF PERITONEUM	\$0.00
54640	ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR	\$318.68
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	\$201.60
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	\$37.20
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	\$172.36
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	\$431.17
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	\$371.73
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	\$398.56
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	\$0.00
547	OTHER REPAIR OF ABDOMINAL WALL AND PERITONEUM	\$0.00
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)	\$84.00
5471	REPAIR OF GASTROSCHISIS	\$0.00

Procedure Code	Procedure Code Description	Rate
5472	OTHER REPAIR OF ABDOMINAL WALL	\$0.00
5473	OTHER REPAIR OF PERITONEUM	\$0.00
5474	OTHER REPAIR OF OMENTUM	\$0.00
5475	OTHER REPAIR OF MESENTERY	\$0.00
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	\$58.80
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	\$58.80
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	\$151.20
54860	EPIDIDYMECTOMY; UNILATERAL	\$193.20
54861	EPIDIDYMECTOMY; BILATERAL	\$294.00
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	\$215.07
549	OTHER OPERATIONS OF ABDOMINAL REGION	\$0.00
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	\$210.00
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	\$319.20
5491	PERCUTANEOUS ABDOMINAL DRAINAGE	\$0.00
5492	REMOVAL OF FOREIGN BODY FROM PERITONEAL CAVITY	\$0.00
5493	CREATION OF CUTANEOPERITONEAL FISTULA	\$0.00
5494	CREATION OF PERITONEOVASCULAR SHUNT	\$0.00
5495	INCISION OF PERITONEUM	\$0.00
5496	INJECTION OF AIR INTO PERITONEAL CAVITY	\$0.00
5497	INJECTION OF LOCALLY-ACTING THERAPEUTIC SUBSTANCE INTO PERITONEAL CAVITY	\$0.00
5498	PERITONEAL DIALYSIS	\$0.00
5499	OTHER	\$0.00
550	NEPHROTOMY AND NEPHROSTOMY	\$0.00
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION	\$25.20
5501	NEPHROTOMY	\$0.00
5502	NEPHROSTOMY	\$0.00
5503	PERCUTANEOUS NEPHROSTOMY WITHOUT FRAGMENTATION	\$0.00
5504	PERCUTANEOUS NEPHROSTOMY WITH FRAGMENTATION	\$0.00
55040	EXCISION OF HYDROCELE; UNILATERAL	\$176.40
55041	EXCISION OF HYDROCELE; BILATERAL	\$268.80
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	\$176.40
551	PYELOTOMY AND PYELOSTOMY	\$0.00
55100	DRAINAGE OF SCROTAL WALL ABSCESS	\$42.00
5511	PYELOTOMY	\$0.00
55110	SCROTAL EXPLORATION	\$42.00
5512	PYELOSTOMY	\$0.00
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	\$42.00
55150	RESECTION OF SCROTUM	\$214.85
55175	SCROTOPLASTY; SIMPLE	\$207.64
55180	SCROTOPLASTY; COMPLICATED	\$260.10
552	DIAGNOSTIC PROCEDURES ON KIDNEY	\$0.00
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$84.00
5521	NEPHROSCOPY	\$0.00
5522	PYELOSCOPY	\$0.00
5523	CLOSED [PERCUTANEOUS] [NEEDLE] BIOPSY OF KIDNEY	\$0.00

Procedure Code	Procedure Code Description	Rate
5524	OPEN BIOPSY OF KIDNEY	\$0.00
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)	\$126.00
5529	OTHER DIAGNOSTIC PROCEDURES ON KIDNEY	\$0.00
553	LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF KIDNEY	\$0.00
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	\$84.00
5531	MARSUPIALIZATION OF KIDNEY LESION	\$0.00
5532	OPEN ABLATION OF RENAL LESION OR TISSUE	\$0.00
5533	PERCUTANEOUS ABLATION OF RENAL LESION OR TISSUE	\$0.00
5534	LAPAROSCOPIC ABLATION OF RENAL LESION OR TISSUE	\$0.00
5535	OTHER AND UNSPECIFIED ABLATION OF RENAL LESION OR TISSUE	\$0.00
5539	OTHER LOCAL DESTRUCTION OR EXCISION OF RENAL LESION OR TISSUE	\$0.00
554	PARTIAL NEPHRECTOMY	\$0.00
55400	VASOVASOSTOMY, VASOVASORRHAPHY	\$168.00
55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$42.00
555	COMPLETE NEPHRECTOMY	\$0.00
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	\$184.80
5551	NEPHROURETERECTOMY	\$0.00
5552	NEPHRECTOMY OF REMAINING KIDNEY	\$0.00
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	\$184.80
5553	REMOVAL OF TRANSPLANTED OR REJECTED KIDNEY	\$0.00
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)	\$184.80
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH	\$233.23
5554	BILATERAL NEPHRECTOMY	\$0.00
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR	\$302.40
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	\$213.00
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	\$0.00
556	TRANSPLANT OF KIDNEY	\$0.00
55600	VESICULOTOMY;	\$84.00
55605	VESICULOTOMY; COMPLICATED	\$126.00
5561	RENAL AUTOTRANSPLANTATION	\$0.00
55650	VESICULECTOMY, ANY APPROACH	\$404.54
55680	EXCISION OF MULLERIAN DUCT CYST	\$202.07
5569	OTHER KIDNEY TRANSPLANTATION	\$0.00
557	NEPHROPEXY	\$0.00
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	\$42.00
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	\$170.28

Procedure Code	Procedure Code Description	Rate
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMA	\$225.60
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	\$210.00
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	\$210.00
558	OTHER REPAIR OF KIDNEY	\$0.00
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL	\$537.60
5581	SUTURE OF LACERATION OF KIDNEY	\$0.00
55810	PROSTATECTOMY, PERINEAL RADICAL;	\$714.00
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	\$714.00
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC	\$714.00
5582	CLOSURE OF NEPHROSTOMY AND PYELOSTOMY	\$0.00
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR	\$537.60
5583	CLOSURE OF OTHER FISTULA OF KIDNEY	\$0.00
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR	\$537.60
5584	REDUCTION OF TORSION OF RENAL PEDICLE	\$0.00
55840	PROSTATECTOMY, RETROPUBIC RADICAL;	\$714.00
55842	PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	\$714.00
55845	PROSTATECTOMY, RETROPUBIC RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRI	\$714.00
5585	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY	\$0.00
5586	ANASTOMOSIS OF KIDNEY	\$0.00
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	\$445.82
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY(S) (LIMITED	\$520.80
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH BILATERAL PELVIC LYMPHADENECT	\$520.80
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	\$906.10
5587	CORRECTION OF URETEROPELVIC JUNCTION	\$0.00
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INTERSTITIAL CRYOSURGICAL PROBE PLACEM	\$597.94

Procedure Code	Procedure Code Description	Rate
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH	\$458.83
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE, PROSTATE, SINGLE OR MULTIPLE	\$84.42
5589	OTHER	\$0.00
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	\$0.00
559	OTHER OPERATIONS ON KIDNEY	\$0.00
5591	DECAPSULATION OF KIDNEY	\$0.00
5592	PERCUTANEOUS ASPIRATION OF KIDNEY (PELVIS)	\$0.00
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERST	\$248.30
5593	REPLACEMENT OF NEPHROSTOMY TUBE	\$0.00
5594	REPLACEMENT OF PYELOSTOMY TUBE	\$0.00
5595	LOCAL PERFUSION OF KIDNEY	\$0.00
5596	OTHER INJECTION OF THERAPEUTIC SUBSTANCE INTO KIDNEY	\$0.00
5597	IMPLANTATION OR REPLACEMENT OF MECHANICAL KIDNEY	\$0.00
5598	REMOVAL OF MECHANICAL KIDNEY	\$0.00
5599	OTHER	\$0.00
560	TRANSURETHRAL REMOVAL OF OBSTRUCTION FROM URETER AND RENAL PELVIS	\$0.00
561	URETERAL MEATOTOMY	\$0.00
562	URETEROTOMY	\$0.00
563	DIAGNOSTIC PROCEDURES ON URETER	\$0.00
5631	URETEROSCOPY	\$0.00
5632	CLOSED PERCUTANEOUS BIOPSY OF URETER	\$0.00
5633	CLOSED ENDOSCOPIC BIOPSY OF URETER	\$0.00
5635	ENDOSCOPY (CYSTOSCOPY) (LOOPOSCOPY) OF ILEAL CONDUIT	\$0.00
5639	OTHER DIAGNOSTIC PROCEDURES ON URETER	\$0.00
5640	URETERECTOMY, NOT OTHERWISE SPECIFIED	\$0.00
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	\$33.60
5641	PARTIAL URETERECTOMY	\$0.00
5642	TOTAL URETERECTOMY	\$0.00
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	\$33.60
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	\$117.60
56441	LYSIS OF LABIAL ADHESIONS	\$80.50
56442	HYMENOTOMY, SIMPLE INCISION	\$26.21
565	CUTANEOUS URETERO-ILEOSTOMY	\$0.00
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE, ANY METHOD	\$44.80
5651	FORMATION OF CUTANEOUS URETERO-ILEOSTOMY	\$0.00
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE, ANY METHOD	\$67.20
5652	REVISION OF CUTANEOUS URETERO-ILEOSTOMY	\$0.00
566	OTHER EXTERNAL URINARY DIVERSION	\$0.00
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	\$44.80
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESION	\$44.80
5661	FORMATION OF OTHER CUTANEOUS URETEROSTOMY	\$0.00

Procedure Code	Procedure Code Description	Rate
5662	REVISION OF OTHER CUTANEOUS URETEROSTOMY	\$0.00
56620	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); PARTIAL	\$210.00
56625	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); COMPLETE	\$352.80
56630	VULVECTOMY, RADICAL, PARTIAL;	\$630.00
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$630.00
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$630.00
56633	VULVECTOMY, RADICAL, COMPLETE;	\$630.00
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$630.00
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$630.00
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPHADENECTOMY	\$630.00
567	OTHER ANASTOMOSIS OR BYPASS OF URETER	\$0.00
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	\$58.80
5671	URINARY DIVERSION TO INTESTINE	\$0.00
5672	REVISION OF URETEROINTESTINAL ANASTOMOSIS	\$0.00
5673	NEPHROCYSTANASTOMOSIS, NOT OTHERWISE SPECIFIED	\$0.00
5674	URETERONEOCYSTOSTOMY	\$0.00
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	\$117.60
5675	TRANSURETEROURETEROSTOMY	\$0.00
5679	OTHER	\$0.00
568	REPAIR OF URETER	\$0.00
56800	PLASTIC REPAIR OF INTROITUS	\$117.86
56805	CLITOROPLASTY FOR ADRENOGENITAL SYNDROME	\$471.46
5681	LYSIS OF INTRALUMINAL ADHESIONS OF URETER	\$0.00
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	\$114.32
5682	SUTURE OF LACERATION OF URETER	\$0.00
56820	COLPOSCOPY OF THE VULVA;	\$66.87
56821	COLPOSCOPY OF THE VULVA; WITH BIOPY(S)	\$86.69
5683	CLOSURE OF URETEROSTOMY	\$0.00
5684	CLOSURE OF OTHER FISTULA OF URETER	\$0.00
5685	URETEROPEXY	\$0.00
5686	REMOVAL OF LIGATURE FROM URETER	\$0.00
5689	OTHER REPAIR OF URETER	\$0.00
569	OTHER OPERATIONS ON URETER	\$0.00
5691	DILATION OF URETERAL MEATUS	\$0.00
5692	IMPLANTATION OF ELECTRONIC URETERAL STIMULATOR	\$0.00
5693	REPLACEMENT OF ELECTRONIC URETERAL STIMULATOR	\$0.00
5694	REMOVAL OF ELECTRONIC URETERAL STIMULATOR	\$0.00
5695	LIGATION OF URETER	\$0.00
5699	OTHER	\$0.00
570	TRANSURETHRAL CLEARANCE OF BLADDER	\$0.00
57000	COLPOTOMY; WITH EXPLORATION	\$100.80
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	\$100.80
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	\$42.00

Procedure Code	Procedure Code Description	Rate
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; POST-OBSTETRICAL	\$88.75
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA, SPONTANEOUS BLEEDING)	\$88.75
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD	\$25.20
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD	\$50.40
571	CYSTOTOMY AND CYSTOSTOMY	\$0.00
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	\$25.20
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	\$73.27
57106	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL	\$191.95
5711	PERCUTANEOUS ASPIRATION OF BLADDER	\$0.00
57110	COLPECTOMY, OBLITERATION OF VAGINA; COMPLETE	\$352.80
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)	\$884.84
5712	LYSIS OF INTRALUMINAL ADHESIONS WITH INCISION INTO BLADDER	\$0.00
57120	COLPOCLEISIS (LE FORT TYPE)	\$302.40
57130	EXCISION OF VAGINAL SEPTUM	\$84.00
57135	EXCISION OF VAGINAL CYST OR TUMOR	\$84.00
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASES	\$24.56
57155	INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHTHERAPY	\$218.16
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	\$24.97
5717	PERCUTANEOUS CYSTOSTOMY	\$0.00
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	\$7.20
5718	OTHER SUPRAPUBIC CYSTOSTOMY	\$0.00
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (S)	\$25.20
5719	OTHER CYSTOTOMY	\$0.00
572	VESICOSTOMY	\$0.00
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	\$58.80
5721	VESICOSTOMY	\$0.00
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	\$84.00
5722	REVISION OR CLOSURE OF VESICOSTOMY	\$0.00
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)	\$188.65
57230	PLASTIC REPAIR OF URETHROCELE	\$199.18
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE	\$243.60

Procedure Code	Procedure Code Description	Rate
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	\$210.00
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	\$373.58
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	\$394.84
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE	\$154.59
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	\$302.58
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	\$310.80
57280	COLPOPEXY, ABDOMINAL APPROACH	\$310.80
57282	SACROSPINOUS LIGAMENT FIXATION FOR PROLAPSE OF VAGINA	\$385.35
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	\$366.77
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE, AND/OR INCOMPLETE VAGIL	\$444.38
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED); VAGINAL APPROACH	\$357.28
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$379.16
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$510.63
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	\$243.60
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	\$351.18
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	\$422.91
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	\$264.19
57296	REVISION OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH	\$513.73
573	DIAGNOSTIC PROCEDURES ON BLADDER	\$0.00
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	\$338.08
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	\$368.84
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOSTOMY	\$363.06
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY RECONSTRUCTION, WITH OR WITHOUT	\$383.49
5731	CYSTOSCOPY THROUGH ARTIFICIAL STOMA	\$0.00
57310	CLOSURE OF URETHROVAGINAL FISTULA;	\$229.10
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	\$278.43
5732	OTHER CYSTOSCOPY	\$0.00
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	\$383.28
5733	CLOSED [TRANSURETHRAL] BIOPSY OF BLADDER	\$0.00

Procedure Code	Procedure Code Description	Rate
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	\$436.54
57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDROME	\$352.74
5734	OPEN BIOPSY OF BLADDER	\$0.00
5739	OTHER DIAGNOSTIC PROCEDURES ON BLADDER	\$0.00
574	TRANSURETHRAL EXCISION OR DESTRUCTION OF BLADDER TISSUE	\$0.00
57400	DILATION OF VAGINA UNDER ANESTHESIA	\$25.20
5741	TRANSURETHRAL LYSIS OF INTRALUMINAL ADHESIONS	\$0.00
57410	PELVIC EXAMINATION UNDER ANESTHESIA	\$21.05
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$25.20
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$69.76
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S)	\$91.02
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED); LAPAROSCOPIC APPROACH	\$498.87
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY	\$498.46
57452	COLPOSCOPY (VAGINOSCOPY); (SEPARATE PROCEDURE)	\$25.20
57454	COLPOSCOPY (VAGINOSCOPY); WITH BIOPSIES, OR BIOPSY OF THE CERVIX	\$42.00
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX	\$83.80
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	\$79.26
57460	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTROSURGICAL EXCISION(S) OF THE CERVIX (LEEP)	\$30.00
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CONIZATION OF THE CERVIX	\$186.59
5749	OTHER TRANSURETHRAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF BLADDER	\$0.00
575	OTHER EXCISION OR DESTRUCTION OF BLADDER TISSUE	\$0.00
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	\$25.20
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	\$25.20
5751	EXCISION OF URACHUS	\$0.00
57510	CAUTERIZATION OF CERVIX; ELECTRO OR THERMAL	\$30.00
57511	CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	\$30.00
57513	CAUTERIZATION OF CERVIX; LASER ABLATION	\$30.00
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REP	\$75.60
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION,.....;LOOP ELECTRODE EXCISION	\$153.56
57530	TRACHELECTOMY (CERVICETOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	\$151.20

Procedure Code	Procedure Code Description	Rate
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING	\$901.56
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	\$294.12
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	\$253.87
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	\$210.00
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR	\$420.00
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	\$390.51
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	\$66.67
5759	OPEN EXCISION OR DESTRUCTION OF OTHER LESION OR TISSUE OF BLADDER	\$0.00
576	PARTIAL CYSTECTOMY	\$0.00
577	TOTAL CYSTECTOMY	\$0.00
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	\$126.11
5771	RADICAL CYSTECTOMY	\$0.00
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	\$207.20
5779	OTHER TOTAL CYSTECTOMY	\$0.00
578	OTHER REPAIR OF URINARY BLADDER	\$0.00
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	\$67.20
5781	SUTURE OF LACERATION OF BLADDER	\$0.00
5782	CLOSURE OF CYSTOSTOMY	\$0.00
5783	REPAIR OF FISTULA INVOLVING BLADDER AND INTESTINE	\$0.00
5784	REPAIR OF OTHER FISTULA OF BLADDER	\$0.00
5785	CYSTOURETHROPLASTY AND PLASTIC REPAIR OF BLADDER NECK	\$0.00
5786	REPAIR OF BLADDER EXSTROPHY	\$0.00
5787	RECONSTRUCTION OF URINARY BLADDER	\$0.00
5788	OTHER ANASTOMOSIS OF BLADDER	\$0.00
5789	OTHER REPAIR OF BLADDER	\$0.00
579	OTHER OPERATIONS ON BLADDER	\$0.00
5791	SPHINCTEROTOMY OF BLADDER	\$0.00
5792	DILATION OF BLADDER NECK	\$0.00
5793	CONTROL OF (POSTOPERATIVE) HEMORRHAGE OF BLADDER	\$0.00
5794	INSERTION OF INDWELLING URINARY CATHETER	\$0.00
5795	REPLACEMENT OF INDWELLING URINARY CATHETER	\$0.00
5796	IMPLANTATION OF ELECTRONIC BLADDER STIMULATOR	\$0.00
5797	REPLACEMENT OF ELECTRONIC BLADDER STIMULATOR	\$0.00
5798	REMOVAL OF ELECTRONIC BLADDER STIMULATOR	\$0.00
5799	OTHER	\$0.00
580	URETHROTOMY	\$0.00
581	URETHRAL MEATOTOMY	\$0.00
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY	\$25.20
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY	\$29.10

Procedure Code	Procedure Code Description	Rate
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	\$100.00
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); ABDOMINAL APPROACH	\$327.60
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH	\$327.60
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH	\$611.15
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL	\$504.00
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL	\$504.00
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITH	\$394.80
582	DIAGNOSTIC PROCEDURES ON URETHRA	\$0.00
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING,	\$504.00
5821	PERINEAL URETHROSCOPY	\$0.00
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLIN	\$672.00
5822	OTHER URETHROSCOPY	\$0.00
5823	BIOPSY OF URETHRA	\$0.00
5824	BIOPSY OF PERIURETHRAL TISSUE	\$0.00
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTERECTOMY OR CERVICECTOMY, WITH OR WIT	\$504.00
58260	VAGINAL HYSTERECTOMY;	\$473.48
58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	\$504.00
58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE	\$504.00
58267	VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE, WITH OR WITHO	\$504.00
58270	VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	\$504.00
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY;	\$504.00
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTEROCELE	\$504.00
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	\$504.00
5829	OTHER DIAGNOSTIC PROCEDURES ON URETHRA AND PERIURETHRAL TISSUE	\$0.00

Procedure Code	Procedure Code Description	Rate
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS	\$610.94
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	\$671.83
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH RE	\$711.67
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANT	\$739.32
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER, THAN 250 GRAMS; WITH REPAIR OF ENTEROCELE	\$655.32
583	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF URETHRA	\$0.00
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	\$30.35
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	\$21.18
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR HYSTEROSONOGRAPHY OR HYSTEROSALPINGOGRAPHY	\$32.20
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD	\$33.60
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHTHERAPY	\$232.61
58350	HYDROTUBATION OF OVIDUCT, INCLUDING MATERIALS	\$33.60
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	\$121.98
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURETTAGE, WHEN PERFORMED	\$289.37
5839	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF URETHRA	\$0.00
584	REPAIR OF URETHRA	\$0.00
58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE	\$257.79
5841	SUTURE OF LACERATION OF URETHRA	\$0.00
58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE	\$274.31
5842	CLOSURE OF URETHROSTOMY	\$0.00
5843	CLOSURE OF OTHER FISTULA OF URETHRA	\$0.00
5844	REANASTOMOSIS OF URETHRA	\$0.00
5845	REPAIR OF HYPOSPADIAS OR EPISPADIAS	\$0.00
5846	OTHER RECONSTRUCTION OF URETHRA	\$0.00
5847	URETHRAL MEATOPLASTY	\$0.00
5849	OTHER REPAIR OF URETHRA	\$0.00
585	RELEASE OF URETHRAL STRICTURE	\$0.00
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	\$240.25
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	\$310.80

Procedure Code	Procedure Code Description	Rate
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	\$462.13
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OV	\$573.38
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$520.13
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/	\$563.27
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 GRAMS OR LESS	\$491.44
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL	\$619.20
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC	\$978.54
58550	LAPAROSCOPY, SURGICAL; WITH VAGINAL HYSTERECTOMY W/OR W/OUT REMOVAL OF TUBES,W/ OR W/OUT REMOVAL OF OVARIES	\$447.48
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR	\$478.64
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	\$615.07
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S)	\$608.67
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPERATE PROCEDURE)	\$126.11
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY W/ OR W/OUT D&C	\$168.84
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	\$186.79
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)	\$211.77
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	\$302.38
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	\$157.28
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)	\$186.38
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERM	\$1,192.37
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	\$495.98
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY	\$543.24

Procedure Code	Procedure Code Description	Rate
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$616.52
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR	\$695.16
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	\$0.00
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	\$0.00
586	DILATION OF URETHRA	\$0.00
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	\$248.51
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, POSTPARTUM, UNILATERAL OR BILATERAL	\$207.20
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN SECTION OR INTRA-ABDOMINAL SURG	\$31.15
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH	\$207.20
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) SEPERATE PROCEDURE	\$363.88
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND SALPINGECTOMY)	\$347.99
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL	\$370.08
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	\$191.75
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG,BAND, CLIP, OR FALOPE RING)	\$191.95
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	\$414.45
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	\$445.20
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	\$0.00
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$280.08
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$310.80
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	\$250.80
58750	TUBOTUBAL ANASTOMOSIS	\$302.40
58752	TUBOUTERINE IMPLANTATION	\$302.40
58760	FIMBRIOPLASTY	\$280.00
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	\$276.99
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH	\$207.20
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); ABDOMINAL APPROACH	\$271.83
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	\$207.20
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	\$219.40

Procedure Code	Procedure Code Description	Rate
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH PERCUTANEOUS (EG, OVARIAN, PERICOLIC)	\$128.79
58825	TRANSPOSITION, OVARY(S)	\$219.20
58862	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURF	\$370.08
589	OTHER OPERATIONS ON URETHRA AND PERIURETHRAL TISSUE	\$0.00
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$243.14
5891	INCISION OF PERIURETHRAL TISSUE	\$0.00
5892	EXCISION OF PERIURETHRAL TISSUE	\$0.00
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	\$299.07
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	\$296.60
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	\$297.22
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN MALIGNANCY, WITH PARA-AORTIC AND PELVIC L	\$621.60
58950	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENECTOMY;	\$302.40
58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENECTOMY; WITH TOTAL ABDOMINAL HYS	\$604.80
58952	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENECTOMY; WITH RADICAL DISSECTION	\$604.80
58953	BILATERAL SALPINGO-OOPHORECTOMY W/OMENECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULK	\$1,048.31
58954	BILATERAL SALPINGO-OOPHORECTOMY W/OMENECTOMY, TOTAL ABDOMINAL HYSTERECTOMY W/PELVIC LYMPHADENECTOMY AND LIMIT	\$1,139.53
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY	\$723.84
58957	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY, WITH OMENECTIMY, IF PERFORMED	\$797.53
58958	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY, WITH OMENECTIMY, IF PERFORMED;	\$883.19
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN MALIGNANCY ("SECOND LOOK"), WITH OR WITHOUT OMENECTOMY, PER	\$543.04
5899	OTHER	\$0.00
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	\$0.00
5900	RETROPERITONEAL DISSECTION, NOT OTHERWISE SPECIFIED	\$0.00

Procedure Code	Procedure Code Description	Rate
59000	AMNIOCENTESIS, ANY METHOD	\$42.00
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANCE)	\$94.94
5901	URETEROLYSIS WITH FREEING OR REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS	\$0.00
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	\$42.00
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	\$42.00
5902	OTHER LYSIS OF PERIRENAL OR PERIURETERAL ADHESIONS	\$0.00
59020	FETAL CONTRACTION STRESS TEST	\$42.00
59025	FETAL NON-STRESS TEST	\$26.01
59030	FETAL SCALP BLOOD SAMPLING	\$36.00
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; SUPE	\$48.00
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN; INTERPRETATION ONLY	\$35.09
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	\$220.64
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	\$263.99
59074	FETAL FLUID DRAINAGE, INCLUDING ULTRASOUND GUIDANCE	\$209.70
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	\$262.13
5909	OTHER INCISION OF PERIRENAL OR PERIURETERAL TISSUE	\$0.00
591	INCISION OF PERIVESICAL TISSUE	\$0.00
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	\$100.80
5911	LYSIS OF PERIVESICAL ADHESIONS	\$0.00
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPINGECTOMY AND/OR OOPHORECTOMY, ABDOMI	\$340.77
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	\$279.05
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY	\$304.85
59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY REQUIRING TOTAL HYSTERECTOMY	\$503.00
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS	\$339.32
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	\$336.00
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	\$247.06
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPHORECTOMY	\$344.40
59160	CURETTAGE, POSTPARTUM	\$100.80
5919	OTHER INCISION OF PERIVESICAL TISSUE	\$0.00

Procedure Code	Procedure Code Description	Rate
592	DIAGNOSTIC PROCEDURES ON PERIRENAL AND PERIVESICAL TISSUE	\$0.00
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)	\$25.20
5921	BIOPSY OF PERIRENAL OR PERIVESICAL TISSUE	\$0.00
5929	OTHER DIAGNOSTIC PROCEDURES ON PERIRENAL TISSUE, PERIVESICAL TISSUE, AND RETROPERITONEUM	\$0.00
593	PLICATION OF URETHROVESICAL JUNCTION	\$0.00
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN	\$58.80
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	\$67.20
59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	\$67.20
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	\$207.20
594	SUPRAPUBIC SLING OPERATION	\$0.00
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS	\$815.00
59409	VAGINAL DELIVERY ONLY	\$428.40
59409	VAGINAL DELIVERY ONLY	\$428.40
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS) INCLUDING POSTPARTUM CARE	\$450.00
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DELIVERY)	\$50.40
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$62.75
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$108.00
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$151.20
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	\$21.60
595	RETROPUBIC URETHRAL SUSPENSION	\$0.00
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE	\$815.00
59514	CESAREAN DELIVERY ONLY	\$428.40
59515	CESAREAN DELIVERY ONLY INCLUDING POSTPARTUM CARE	\$450.00
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST IN ADDITION TO 59510, 59514, 59515 OR 59618, 5962	\$252.00
596	PARAURETHRAL SUSPENSION	\$0.00
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS	\$846.45
59612	VAGINAL DELIVERY ONLY, AFTER CEASAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	\$547.37
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVER; INCLUDING POSTPARTUM CARE	\$591.54
59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE, FOLLOWING ATTEMPTEDV	\$950.47
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;	\$629.31
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;INCLUDING POSTPAR	\$674.10

Procedure Code	Procedure Code Description	Rate
597	OTHER REPAIR OF URINARY STRESS INCONTINENCE	\$0.00
5971	LEVATOR MUSCLE OPERATION FOR URETHROVESICAL SUSPENSION	\$0.00
5972	INJECTION OF IMPLANT INTO URETHRA AND/OR BLADDER NECK	\$0.00
5979	OTHER	\$0.00
598	URETERAL CATHETERIZATION	\$0.00
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	\$126.00
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	\$100.80
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	\$126.00
59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY	\$126.00
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	\$126.00
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	\$126.00
59850	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMI	\$126.00
59851	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMI	\$126.00
59852	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMI	\$126.00
59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES WITH OR WITHOUT CERVICAL DILATION, INCLUDING HOSPITAL	\$184.11
59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES ...WITH DILATION AND CURETTAGE AND/OR EVACUATION	\$277.81
59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES ...WITH HYSTEROTOMY (FAILED MEDICAL EVALUATION)	\$337.88
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	\$155.21
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	\$126.00
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	\$89.16
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE	\$0.00
59898	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	\$0.00
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	\$0.00
599	OTHER OPERATIONS ON URINARY SYSTEM	\$0.00
5991	EXCISION OF PERIRENAL OR PERIVESICAL TISSUE	\$0.00
5992	OTHER OPERATIONS ON PERIRENAL OR PERIVESICAL TISSUE	\$0.00
5993	REPLACEMENT OF URETEROSTOMY TUBE	\$0.00
5994	REPLACEMENT OF CYSTOSTOMY TUBE	\$0.00
5995	ULTRASONIC FRAGMENTATION OF URINARY STONES	\$0.00

Procedure Code	Procedure Code Description	Rate
5996	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL): TANK PROCEDURE	\$0.00
5999	OTHER	\$0.00